Application for Variance Zoning & Planning Board of Appeals Complete each section, sign, and return to the address below. Please note, notifications are made using certified mail; mailing addresses of property owner and applicant must include

street information, DO NOT USE PO BOX NUMBERS. Incomplete applications of Date Filed: Receipt #:	will be returned without board action of Residential (\$75) o	conmercial (\$150) Hearing Date	: :
1. Identify affected property			
Address:	Parcel No.:	Zoning:	District:
2. Property Owner & Mailing Address	3. Applicant & Mailin	g Address (other than Property	Owner)
Name	Name	<u> </u>	
Street Address	Street Address		
City/St/Zip	City/St/Zip		
Phone No.	Phone No.		
4. Describe proposed plan	·		
5. List variances required to implement the proposed plan (in	nclude ordinance numbers	and short explanation of each)	
C. Donnika ushat handahira ana imparandah usani mandina	an lintad in anotion Founds		
6. Describe what hardships are imposed by zoning ordinance	es listed in section 5 maki	ng conformity unleasible or unn	ecessarily burdensome
7. Describe what unique physical characteristics affect this p	property which prevent you	u from complying with the zonin	g ordinance
O. Donaille have made a this various will write a house will	lie internet nervonderneine	the commence of the endinesses	
8. Describe how granting this variance will neither harm publ	lic interest nor undermine	the purpose of the ordinance	
9. Prepare and submit thirteen (13) copies of a site plan detai	iling your request complet	ely and any addition information	n which will support
your variance request	mig your request complet	ory and any addition information	. Willon Will Support
Simpatura			
Signature		o Property Ow	ner o Applicant